

COMMONWEALTH OF MASSACHUSETTS

Division Of Insurance

Special Brokers Insurance Return

Year Ending December 31, 2007

Page ____ of ____

	Name of Insured (Alphabetical Order)	Description Of Risk	Location Of Risk	Type Of Coverage	Amt Of Coverage	Policy Effective Date	Gross Premium \$	Return Premium \$	Net Premium \$	Company Name	Company NAIC #
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Page Total

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I hereby certify that the foregoing is a true copy of my record:

Special Broker Name: _____

Spec. Broker Signature _____

License # _____

Print Name Appearing On License _____

Date: _____